

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Document Number:
400463350

Date Received:
08/06/2013

Completion Type Final completion Preliminary completion

1. OGCC Operator Number: 100322 4. Contact Name: Julie Webb
 2. Name of Operator: NOBLE ENERGY INC Phone: (720) 587-2316
 3. Address: 1625 BROADWAY STE 2200 Fax: _____
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-22745-00 6. County: WELD
 7. Well Name: DUNBAR Well Number: 18-34
 8. Location: QtrQtr: SESW Section: 18 Township: 6N Range: 66W Meridian: 6
 Footage at surface: Distance: 843 feet Direction: FSL Distance: 2175 feet Direction: FWL
 As Drilled Latitude: _____ As Drilled Longitude: _____

GPS Data:
 Date of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____

** If directional footage at Top of Prod. Zone Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____
 Sec: _____ Twp: _____ Rng: _____
 ** If directional footage at Bottom Hole Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____
 Sec: _____ Twp: _____ Rng: _____

9. Field Name: WATTENBERG 10. Field Number: 90750
 11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 04/05/2005 13. Date TD: 04/09/2005 14. Date Casing Set or D&A: 04/10/2005

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7360 TVD** _____ 17 Plug Back Total Depth MD 7329 TVD** _____

18. Elevations GR 4815 KB 4827 One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:
CBL

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8	24	0	811	593	0	811	CALC
1ST	7+7/8	4+1/2	11.6	0	7,343	395	3,825	7,360	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 07/15/2013

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	S.C. 1.1		100	3,242	3,470

Details of work:

Control well w/ kill fluid. RIH w/ blade bit, and scraper, 231 jts. Tagged fill at 6960' KB. TIH w/ RBP, retrieved head, 229 jts 1 1/4" tubing. Set RBP @ 6900' KB w/ 229 jts. Pressure test to 2000#. Roll hole. Unland casing. Pick Up mule shoe and TIH w/ 102 jts of 2 3/8" to 3993'. Test lines to 700 psi. Pump 5 bbls of water Pump 100 sks of "G" neat 15.8 ppg cement from 3242' to 3475, displace with 14 bbls- wait 30 min and pump .5 bbls (PSI 90)- wait 30 mins and Pump .5 bbls (PSI 200)- wait 30 mins and pump .25 bbls (PSI 966). Test csg to 500 psi. Reland casing. Bond log from 4000' to surface. RIH w/ retrieving head and establish circulation and latch onto RBP. Roll hole clean and release RBP. Land 2 3/8" J-55 tubing to 7183' KB. Rig down and move off.

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Julie Webb

Title: Regulatory Analyst Date: 8/6/2013 Email: jwebb@nobleenergyinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400463357	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
400463350	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400463360	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)